



State of Michigan
Department of Labor & Economic Growth
UNEMPLOYMENT INSURANCE AGENCY
www.michigan.gov/uia

UNEMPLOYED WORKER'S STATEMENT OF WAGES

Authorized by MCL 421.1, et seq.
Completion of this form is
required to qualify for benefits.



Complete this form to provide wage information not available for use by the Unemployment Insurance Agency (UIA) but required to determine if you qualify for unemployment benefits. Complete a separate form for each employer, as directed. Instructions for completion are on the reverse side. Complete **either** Item 9 **or** Item 10, whichever applies to your situation. Please print or type clearly.

which ever applies to your situation. Please print or type clearly.										2. SOCIAL SECURITY NUMBER						<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>							
1. UNEMPLOYED WORKER LAST NAME, FIRST, MIDDLE INITIAL										3. ADDITIONAL NAME or SSN WORKED UNDER													
UIA Employer Account Number							Multi			Check Digit		4. FEDERAL EMPLOYER ID NUMBER (from W-2 Form, if available)											
5. EMPLOYER (<i>Name of Company</i>)										6. EMPLOYER TELEPHONE NUMBER													
7. EMPLOYER ADDRESS										8. FIRST DATE WORKED						LAST DATE WORKED							
										MONTH		DAY		YEAR		MONTH		DAY		YEAR			

9. ☐ I never worked for or was not PAID by this employer during the quarters listed below and request the reported wages not be used. BYB: _____

10.	Quarter _____ Year _____		Quarter _____ Year _____		Quarter _____ Year _____		Quarter _____ Year _____		Quarter _____ Year _____	
	PAY DATE (Month/Day)	GROSS WAGES PAID	PAY DATE (Month/Day)	GROSS WAGES PAID	PAY DATE (Month/Day)	GROSS WAGES PAID	PAY DATE (Month/Day)	GROSS WAGES PAID	PAY DATE (Month/Day)	GROSS WAGES PAID
TOTAL Quarterly Wages		\$	TOTAL Quarterly Wages		\$	TOTAL Quarterly Wages		\$	TOTAL Quarterly Wages	

11. CERTIFICATION STATEMENT: I certify that the above information is true and correct to the best of my knowledge and belief.
I understand that the law provides penalties of fine, and/or imprisonment, and/or community service for false statements to secure benefits.

12. Your Signature	Date:
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For Mailing Purposes _ Use EN 72

Instructions

- Clearly print or type your name and Social Security number. Enter any additional name or Social Security number under which you may have worked.
- Enter the Federal Employer Identification Number (FEIN) from your W-2 Form, if available.
- Clearly print or type employer name, address, telephone number, and dates of employment.
- Mark the box in Item 9 if you never worked for or were not PAID by the employer listed within the identified quarter(s) and request the wages not be used on your claim. There are penalties for withholding employment information.
- If you did work for the employer, report missing **gross** wages (before taxes) PAID to you in each calendar quarter identified in Item 10 on the front side. For example, you may have worked during the last week of March (1st quarter) but were not paid until April (2nd quarter). Report these wages in the 2nd quarter (the quarter containing the date you were PAID).

There are 4 calendar quarters per year.

The quarters are numbered and are the same from year to year.

Each quarter contains three calendar months as follows:

1st Quarter	January 1	through	March 31
2nd Quarter	April 1	through	June 30
3rd Quarter	July 1	through	September 30
4th Quarter	October 1	through	December 31

- If you know your *gross* wages for each quarter, complete only the Total Quarterly Wages box for each quarter identified in Item 10, or you may use the spaces provided to list each pay date and amount to help you figure the Total Quarterly Wages.
- If you did not work for or were not PAID by the employer listed during the identified quarters and request that the reported wages not be used, check box # 9.
- If you have pay stubs, enter the pay dates (date of check) and *gross* wages paid on that date in the correct quarter.
- Calendars are available upon request that show the 4 quarters. Call our Claimant Customer Relations Hotline (number below) to request a calendar. A calendar (Form UIA1259) is also available on our website: www.michigan.gov/uia.
- If you need help, call our Claimant Customer Relations Hotline at 1-800-638-3995 (TTY customers use 1-866-366-0004), or call our Inquiry Line at 1-866-500-0017.
- Carefully read the Certification Statement on reverse side before you sign and date this form.

NOTE: If your claim is established based on the information you provide on this form, it may be subject to a redetermination when corrected wage information is obtained from your employer.

Return this form to: Unemployment Insurance Agency
P.O. Box 169
Grand Rapids, MI 49501-0169
Fax: 1-517-636-0427